

CRITERIA FOR PRIOR AUTHORIZATION

Use of Multiple Concurrent Tricyclic Antidepressants (TCAs)

PROVIDER GROUP	Pharmacy
MANUAL GUIDELINES	The following drugs require prior authorization: Amitriptyline HCl Amoxapine Clomipramine HCl (Anafranil®) Desipramine HCl (Norpramin®) Doxepin HCl Imipramine HCl (Tofranil®) Imipramine Pamoate (Tofranil® PM) Nortriptyline HCl (Pamelor®) Protriptyline HCl (Vivactil®) Trimipramine Maleate (Surmontil®)

CRITERIA FOR PATIENTS RECEIVING MULTIPLE TRICYCLIC ANTIDEPRESSANTS CONCURRENTLY:

- Two or more different TCAs used concurrently for greater than 60 days will require prior authorization:
 - Peer-to-peer consult with health plan psychiatrist, medical director, or pharmacy director for approval

LENGTH OF APPROVAL: 12 Months

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

DATE

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